COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Carbrera — Last Name

Emanuel — First Name

MI

3/11/1999 — Date of birth

Patient number *(medical record or IIS record number)*

Vaccine	Product Name/Manufacturer / Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19	Moderna LOT # 011M20A EXP 2/16/21	2/13/21 (mm dd yy)	COLHD
2nd Dose COVID-19	MODERNA 045A21A	3/13/21 (mm dd yy)	COLHD
Other		___/___/___ (mm dd yy)	
Other		___/___/___ (mm dd yy)	